

Step by Step Instruction: How to Process Household Applications

Professional Standards Learning Code 3110
Length: 1.5 hours



Revised August 2016

"How to Process Household Applications" is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education.

Step by Step Instruction: How to Process Household Applications

Intended Audience and Content

- This *How-To-Guide* is intended for Local Educational Agencies (LEAs) operating the National School Lunch Program (NSLP) who are required to collect student eligibility documentation.
- The following slides provide guidance on how to process household applications when the SY 16-17 Arizona Department of Education (ADE) Household Application for Free and Reduced-Price Meals is used.
- The Income Eligibility Guidelines used are for the 2016-2017 Program Year.

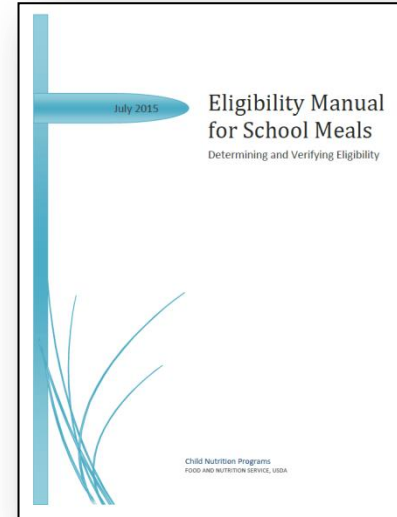
Step by Step Instruction: How to Process Household Applications

Objectives

At the end of this training, attendees should be able to:

- certify free and reduced-price household applications in compliance with Federal regulations;
- understand the role of a determining official; and
- understand the deadline for processing a submitted household application.

Step by Step Instruction: How to Process Household Applications



The instruction within this *How-To-Guide* is based on guidance from USDA's Eligibility Manual for School Meals, 2015.

- Chapter 2: Determining Eligibility (p. 28-49)
- Chapter 3: Processing Applications (p. 49-63)

It is recommended to review the USDA's Eligibility Manual for School Meals in addition to reviewing this How-To-Guide for complete guidance on processing household applications. Click [here](#) to access the USDA's Eligibility Manual for School Meals.

Step by Step Instruction: How to Process Household Applications

Handouts for Training

At this time, please print out the three sample household applications and the SY 16-17 Income Eligibility Guidelines. You will need these handouts to complete this training.

2016-2017 Application for Free and Reduced Price School Meals
Smith Application

STEP 1: Family Information and Household Composition

STEP 2: Household Income and Assets

STEP 3: Parental Consent and Signature

[Smith Household
Income Application](#)

2016-2017 Application for Free and Reduced Price School Meals
Hampton Application

STEP 1: Family Information and Household Composition

STEP 2: Household Income and Assets

STEP 3: Parental Consent and Signature

[Hampton Household
Case Number
Application](#)

2016-2017 Application for Free and Reduced Price School Meals
Densen/Montez Application

STEP 1: Family Information and Household Composition

STEP 2: Household Income and Assets

STEP 3: Parental Consent and Signature

[Densen/Montez
Household Foster
Application](#)

USDA Child Nutrition Program
Income Eligibility Guidelines
July 1, 2016-June 30, 2017

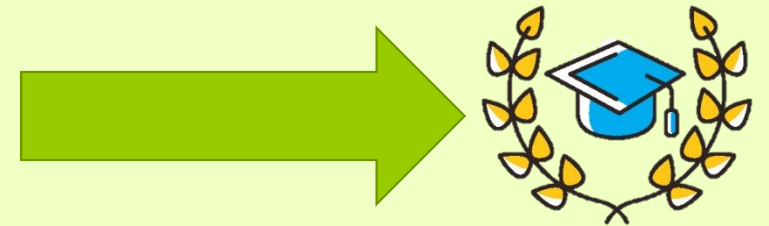
HOUSEHOLD WITH ONE CHILD						HOUSEHOLD WITH TWO CHILDREN					
Family Size	Yearly Income	Monthly Income	Weekly Income	Family Size	Yearly Income	Monthly Income	Weekly Income	Family Size	Yearly Income	Monthly Income	Weekly Income
1	\$12,000	\$1,000	\$230	2	\$15,000	\$1,250	\$294	3	\$18,000	\$1,500	\$357
2	\$15,000	\$1,250	\$294	3	\$18,000	\$1,500	\$357	4	\$21,000	\$1,750	\$420
3	\$18,000	\$1,500	\$357	4	\$21,000	\$1,750	\$420	5	\$24,000	\$2,000	\$483
4	\$21,000	\$1,750	\$420	5	\$24,000	\$2,000	\$483	6	\$27,000	\$2,250	\$546
5	\$24,000	\$2,000	\$483	6	\$27,000	\$2,250	\$546	7	\$30,000	\$2,500	\$609
6	\$27,000	\$2,250	\$546	7	\$30,000	\$2,500	\$609	8	\$33,000	\$2,750	\$672
7	\$30,000	\$2,500	\$609	8	\$33,000	\$2,750	\$672	9	\$36,000	\$3,000	\$735
8	\$33,000	\$2,750	\$672	9	\$36,000	\$3,000	\$735	10	\$39,000	\$3,250	\$798
9	\$36,000	\$3,000	\$735	10	\$39,000	\$3,250	\$798	11	\$42,000	\$3,500	\$861
10	\$39,000	\$3,250	\$798	11	\$42,000	\$3,500	\$861	12	\$45,000	\$3,750	\$924

Note:
If all income is received on the same schedule:
Example: January = \$100,000 / 12 months = \$8,333.33
\$8,333.33 = monthly income
If family reports income sources from more than one schedule:
Example: January = \$100,000 / 12 months = \$8,333.33
Income \$8,333.33 is converted to weekly.
Yearly Income = Monthly x 12
Monthly Income = Yearly / 12
Weekly Income = Monthly x 4.33
Yearly Income = Weekly x 52
DO NOT round the values resulting from each conversion

[SY 16-17 Income
Eligibility Guidelines](#)

Comprehension Check

- Throughout this guide there will be comprehension quiz questions to test your knowledge and help you apply what you're learning.
- Be sure to review these quiz questions and the answers, available within the guide.
- This icon will indicate a comprehension quiz question, and the background of the slides will be a light green like you see on this slide.



Step by Step Instruction: How to Process Household Applications

The Step by Step Instruction will review:

Introduction to Household Applications	Slides 8-21
Processing Applications	
<i>Income Applications</i>	Slides 22-52
<i>Case Number Applications</i>	Slides 53-63
<i>Foster Applications</i>	Slides 64-71
<i>Homeless, Migrant, or Runaway Applications</i>	Slides 72-76
<i>Processing Applications with Different Types of Eligibility</i>	Slides 77-79
<i>Denied Applications</i>	Slides 80-81
Meal Benefit Summary	Slides 82-83

*The following slides will only cover how-to instructions for processing household applications. **Please refer back to the [ADE Online Training Library](#) for other How-To-Guides regarding other methods to certify students for meal benefits.***

Introduction to Household Applications

Household Applications

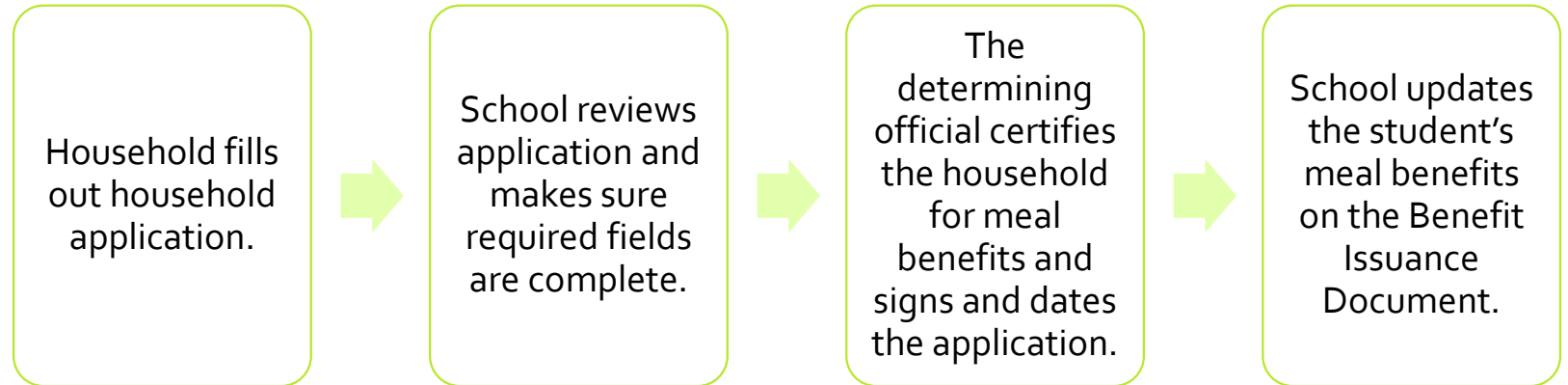
- Unless the children in a household are determined eligible through direct certification, the household should be provided a household application to apply for free or reduced-price meals.
- The information that the household reports depends on whether the children are eligible based on receipt of benefits from an Assistance Program, meet the definition of a foster child, homeless, migrant, or runaway or are determined eligible based on the household's size and income.
- Only *complete* applications may be processed for meal benefits.

[illegible]

*SY 16-17 ADE Household Application for
Free and Reduced-Price Meals*

Introduction

Flow of Processing Household Applications



Determining Official: An LEA official responsible for determining children's eligibility for free or reduced-price benefits.

Certification: The process of assigning meal benefits to a child based on obtained documentation.

Benefit Issuance Document (BID): is a list of all students and their assigned meal benefits based on eligibility documentation collected.

Introduction

Household Applications

Households are instructed to apply for meal benefits by filling out certain parts of the two-page household application. Households will start with STEP 1. There are a total of 4 STEPs.

STEP 1: List ALL infants, children and students up to and including grade 12 in your household.

STEP 2: Do any Household Members currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR*?

STEP 3: Report Income for ALL Household Members (skip this step if you answered 'Yes' to STEP 2).

STEP 4: Contact information and adult signature.

The image shows a sample of the 2016-2017 Application for Free and Reduced Price School Meals form. The form is divided into four main sections, each corresponding to a step in the application process. Step 1 is 'List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)'. Step 2 is 'Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No'. Step 3 is 'Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)'. Step 4 is 'Contact information and adult signature'. The form includes various fields for personal information, income reporting, and contact details. The steps are highlighted with green circles and labels.

*Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Food Distribution on Indian Reservations (FDPIR)

Introduction

Optional Fields on Household Applications

Within the household application, there are some fields that are optional for the household to complete.

- In STEP 1, the field, *School Name*
- All fields in STEP 4, except the field, *signature of the adult completing the form*
- On the back of the application the section titled, *Children's Racial and Ethnic Identities*

2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name MI Child's Last Name School Name

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income

B. All Adult Household Members (including yourself)

C. Total Household Members (Children and Adults)

STEP 4 Contact information and adult signature

Signature of adult completing the form

Signature of adult completing the form

Signature of adult completing the form

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Income for Adults

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

Race (check one or more):

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance for Needy Families (TANF) Program or Food Conservation Program on the application.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotype, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, blind or hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint or discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <http://www.usda.gov/complaint>, <http://www.usda.gov>, and at any USDA office, or write a letter addressed to USDA and provide it to the Director of the information requested in the form. To request a copy of the complaint form, call (800) 845-6045. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1425 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Introduction

Household Applications

Different parts of the application will be completed depending if the household is *income eligible* or *categorically eligible*.

- *Income eligible* means child(ren) who receive free or reduced-price meals because of their household size and household income.
 - Households will need to report all household members and their gross income on the application.
- *Categorically eligible* means a child who receives free meals because they participate or have been identified as a member of eligible programs (for example, assistance programs Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservation (FDPIR), or have been identified as foster, homeless, migrant or runaway.
 - Households will not need to list their gross income, but will need to report either a valid case number or mark the appropriate box (Foster, Homeless/Migrant/Runaway) to identify a student's category.

This How-To-Guide will provide guidance on how to process both income eligible applications and categorically eligible applications.

Introduction

Determining Official

The *determining official* reviews each incoming application to ensure that the household has submitted a *complete* application and will certify the application for meal benefits.

The determining official will:

- Determine an eligibility benefit based on the information self-reported by the household on the application.
- Sign or initial and date each application, or sign or initial and date a cover sheet attached to a batch of applications.
- If processing electronic applications:
 - A notation should be made to an electronic file.
 - A computer system should be able to capture the original date of approval, the basis for the determination (for example, household size and income), and update the status of applications to account for transfers, withdrawals, terminations, and other changes.

Introduction

Determining Official

On the ADE Application for Free and Reduced-Price School Meals, there is room for the determining official to sign and date on the lower right corner of the application in the space titled OFFICE USE ONLY.

The image shows a portion of the ADE Application for Free and Reduced-Price School Meals. On the left, there is a green vertical bar with the word "Introduction" in white. To the right, a white rectangular area contains the application form. A large green arrow points from the left towards the "OFFICE USE ONLY" section of the form. The form includes fields for Eligibility (Free, Reduced, Denied), Determining Official's Signature, Date, Case # Application, Foster Application, Income Application, Household Size, Total Income, Per (Week, Bi-Weekly, 2x Month, Monthly, Annual), Selected For Verification, Confirming Official's Signature, Date, and Follow-Up Official's Signature, Date. The "OFFICE USE ONLY" section is highlighted in light gray.

Information is given
that if I purposely
of laws.*

Zip

OFFICE USE ONLY

Eligibility: Free ___ Reduced ___ Denied ___

Determining Official's Signature: _____ Date: _____

☐ Case # Application ☐ Foster Application

☐ Income Application

Household Size: _____

Total Income: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

☐ Directly Certified
☐ Error-Prone

Introduction

Determining Complete Applications

Any application that is missing required information, contains inconsistent information, or is unclear is considered an *incomplete* application. Remember, since the household completes different parts of the application, a complete application **does not mean all fields have been completed.**

Households that submit an incomplete application cannot be approved and information must be obtained before an eligibility determination can be made. Every reasonable effort should be made to obtain the missing information prior to denying the application.



Actions to
take

Introduction

Obtaining Missing/Correct Information on the Application

The determining official *may*:

- Return the application to the household for the household to make the changes on the incomplete/inconsistent information
- Contact the child's parent or guardian either by phone or in writing, including e-mail to obtain the missing/correct information. The determining official will then note on the application the missing/corrected information, date and initial the entry.

The determining official *may not*:

- Sign the application for the parent or guardian. If a signature is missing, the application must be returned to the household for a signature.
- Complete the application for the household using information derived from other records available to the school. Any missing information on the application must be provided by the household.

Introduction

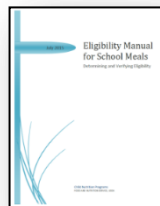
Information Reported on Applications

- Determining officials are to take the information reported by the household at face value when processing the following types of applications: income application, case number application, and foster application.
 - *For example, if the household reported 11111111 as their case number, the determining official is simply responsible for ensuring the application is considered complete, not to verify that it is an active case number belonging to the household.*
 - *For example, if the household marked a child as Foster, the determining official is simply responsible for ensuring the application is considered complete, not to verify that the child meets the definition of Foster.*
- When a determining official receives an application that has identified a child as homeless, migrant, or runaway; the determining official must confirm the child's category of homeless, migrant or runaway status. This How-To-Guide will review this starting on slide 73.
 - *For example, if the household marked a child as Homeless, Migrant, Runaway, the determining is responsible for confirming the child does meets the definition of homeless, migrant or runaway.*

Introduction

Questionable Applications and Reported Information

- LEAs have an obligation to follow-up on questionable and incomplete information when reviewing applications submitted for free and reduced-price meals. Prior to certifying children for benefits, the determining official should review the application for any discrepancies in the information provided.
- If a discrepancy is found, for example, the school is aware of another household member that is not reported by the household on the application, the determining official should:
 - first, seek clarification about the information provided with the household in a timely manner following the guidance on slide 17.
 - If seeking clarification was unsuccessful, the determining official must approve the application if all required fields are complete and then may verify for cause.



Guidance on Verification for Cause is available in the USDA Eligibility Manual for School Meals pg. 67.

Introduction

Application Processing Time

- Each program year, LEAs are able to distribute household applications to households *no sooner than July 1*.
- Applications must be reviewed in a timely manner. LEAs must process applications within 10 operating days of the receipt of the application.
 - As a best practice, applications should be date stamped to indicate the date they were received and processed immediately.
- Although most fields may be beneficial, the LEA must not delay approval of the application if the household fails to provide any information that is not required. For example, if the household fails to include its street address, processing of the application cannot be delayed.

Introduction

Benefit Issuance Document

- All eligibility determinations should be recorded on a Benefit Issuance Document (BID).
- A BID is a list of all students at your site that you determined have either free or reduced-priced meal benefits.
- The BID contains the
 - first and last name of the student;
 - the method used to determine their benefits (application, direct certification etc.);
 - the meal benefit status; and
 - the date it was determined.

For more information on the BID, please refer to the [ADE Online Course Library](#) to refer to the Step by Step: How to Create a Benefit Issuance Document.

How to Process Income Applications

Income Applications

Steps for Processing an Income Application

#1	Determine if the income application is complete.
#2	Calculate income levels.
#3	Use Income Eligibility Guidelines (IEGs) to determine meal benefits.
#4	Assign free, reduced-price or paid meal benefits for all enrolled students within the household; date and sign as determining official.

Income Applications

What is a Complete Income Application?

Households are instructed to complete STEP 1, STEP 3 and STEP 4 of the household application. *A complete income application must provide:*

- names of all household members and total number of household members;
- amount, source, and frequency of current income for each household member;
- last four digits of the social security number of the household's primary wage earner or another adult household member, or an indication that the household member does not have a social security number; and
- signature of an adult household member.

Any application that is missing required information, contains inconsistent information, or is unclear is considered an incomplete application and may not be certified.



Picture on
next slide

Income Applications

Diagram of a Complete Income Application

- The different colored arrows below represent the information that the household needs to complete. The following slides will discuss the fields in more detail.

All children listed in the household.

All adult household member names.

The total number of household members, which matches the number of names listed on application.

Adult household member signature.

Combined children income and frequency.

All adult income and frequency.

Last four digits of the social security number, or an indication that the household member does not have one.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name MI Child's Last Name School Name

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of homeless, migrant or runaway are eligible for free meals.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Are you unsure what income to include here? [Click here for more information.](#)

A. Child Income Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all children in the household listed in STEP 1 here.

Child's Gross Income \$ _____ How often? _____

B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last) GROSS Income from Source How often? Public Assistance Child Support/Maintenance How often? Pension/Retirement/Al Other Income How often?

C. Total Household Members (Children and Adults) _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X _____ Check if no SSN ☐

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form _____ Today's date: _____

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt. _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free _____ Reduced _____ Denied _____

Determining Official's Signature: _____ Date: _____

☐ Case # Application ☐ Foster Application ☐ Income Application

Household Size: _____ Total Income: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

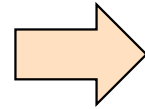
More details

Income Applications

List all Household Members

A complete income application must list all household members. Children and adults are listed separately.

- All infants, children, and students K-12 are listed in STEP 1.
- All adult household members are listed separately on STEP 3.

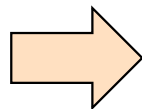


STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Homeless, Foster, Migrant, Runaway
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Check # the step



B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

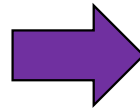
Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	2-Weekly	2x Month	Monthly		Weekly	2-Weekly	2x Month	Monthly		Weekly	2-Weekly	2x Month	Monthly
	\$									\$					
	\$									\$					
	\$									\$					
	\$									\$					

Reported Gross Income

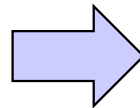
All income is reported in STEP 3 of the application. Children and adult income are listed separately.

- Income for children must be combined into a single income reporting field (*highlighted in purple below*), as these individuals rarely have income to report.
- Income earned or received by adults must be identified with the individual who received it, as well as the source, such as wages or social security income (*highlighted in light purple below*).

Combined children
income and
frequency.



All adult income
amount and
frequency.



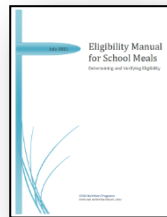
STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)																																																																
<p>Are you unsure what income to include here?</p> <p>Fill to the back of this application and review the charts listed in "Sources of income" for more information.</p> <p>The "Sources of income for Children" chart will help you with the Child Income Section.</p> <p>The "Sources of income for Adults" chart will help you with the Adult Household Members Income Section.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>A. Child Income</p> <p>Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.</p> <p style="text-align: right;">Child GROSS income How often?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">Yearly</td> <td style="width: 10%;">Quarterly</td> <td style="width: 10%;">2x Yearly</td> <td style="width: 10%;">Monthly</td> </tr> </table> <p style="font-size: 24px; margin-top: 10px;">\$</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 30px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> </div>		Yearly	Quarterly	2x Yearly	Monthly																																																										
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Income Applications

Reported Income

The household must provide their current income which is based on the most recent information available. This may be for the current month, the amount projected for the month for which the application is filled out, or for the month prior to applying for meal benefits.

- If the household's current income is not a reflection of income that will be available over the school year, the household should contact the LEA for assistance. The LEA would determine the amount and frequency of income available during the school year for households.
- If a household provided only annual income, the LEA must ensure and document that they have confirmed with the household that this is an accurate reflection of their current income.



Guidance on Annual Income/Special Situations is available in the USDA Eligibility Manual for School Meals pg. 32.

Income Applications

Reported No Income

- When no income is reported for any of the household members, the application is still considered complete. Zero income may also be indicated by writing in *zero* or *no income*, or *\$0*.
- The ADE Application for Free and Reduced-Price Meals includes instruction in STEP 3 and STEP 4 to communicate to households that any income field left blank is a positive indication that there is no income to report.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)																																																			
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STEP 4 Contact information and adult signature		OFFICE USE ONLY	
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<p>Signature of adult completing the form _____ Today's date: _____</p>		Eligibility: Free _____ Reduced _____ Denied _____	
<p>Printed name of adult completing the form _____ Daytime Phone and Email (optional) _____</p>		Determining Official's Signature: _____ Date: _____	
<p>Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____</p>		<p><input type="checkbox"/> Case # Application <input type="checkbox"/> Foster Application</p> <p><input type="checkbox"/> Income Application</p> <p>Household Size: _____ Total Income: _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Selected For Verification</p> <p>Confirming Official's Signature: _____ Date: _____</p> <p>Follow-Up Official's Signature: _____ Date: _____</p>	

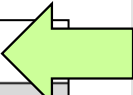
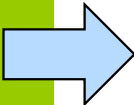
Income Applications

Social Security Number

- In STEP 3, the determining official must make sure that either the household provided the last 4 digits of their Social Security Number (SSN) or checked off the box *Check if no SSN*.
- Households are eligible to apply for benefits even if they do not have a social security number.

Adult Signature

- In STEP 4, all applications must be signed by an adult household member; it is optional to report their contact information.



C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN ☐

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available) Apt# City State Zip

OFFICE USE ONLY

Eligibility: Free ☐ Reduced ☐ Denied ☐

Determining Official's Signature: Date:

☐ Case # Application ☐ Foster Application

☐ Income Application

Household Size:

Total Income: Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification

Confirming Official's Signature: Date:

Follow-Up Official's Signature: Date:

☐ Directly Certified ☐ Error-Prone

Practice: Smith Application

Together, we will determine if the Smith household application is complete. If you have not yet done so, please print the [Smith Application](#).

Smith Application

2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil)

STEP 1

List All infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and whose income and expenses even if not related."

Children in Foster care and children who inherit the portion of Headstart, Migrant or Runaway are eligible for free meals.

Child's First Name	M	Child's Last Name	School Name
EMMA	<input type="checkbox"/>	SMITH	
REBECCA	<input type="checkbox"/>	SMITH	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Other Adult Family Members:

Foster Care?	Relative?
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

File to the back of this application and review the chart below.

"Sources of income" for more information.

The "Sources of Income for Children" chart will help you with the Adult Household Member income Section.

A. Child Income

Someones children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

	How often?			
	Weekly	Bi-weekly	2x Month	Monthly
Total Gross Income \$				

B. All Adult Household Members (including yourself)

Let only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source from which income only. If they do not receive income from any source, write "N". If you enter "N" or leave any field blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (first and last)	GROSS Earnings from Work				Public Assistance/Child Support/Military				Pension/Retirement/All Other Income			
	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly
John Smith	\$	2	0	0	\$	5	0	0	\$			
Emma Smith	\$	5	0	0	\$				\$			
	\$				\$				\$			
	\$				\$				\$			

C. Total Household Members
(Children and Adults)

Last Four Digits of Social Security Number (ISSN of Primary Wage Earner or Other Adult Household Member)
X X X X X X X 8 1 4 2

Check if none ISSN ☐

STEP 4

Contact information and adult signature

I certify (promise) that the information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: _____ Date: 09/16/16 Today's date

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free _____ Reduced _____ Denied _____

Determining Official's Signature: _____ Date: _____

Case # Application _____ Foster Application _____

Income Application _____ Household Size: _____

Total Income: _____ Per: Q/Week Q/Bi-weekly (Every 2 Weeks) Q/2 Month Q/Monthly Q/Annual

Q Selected For Verification _____ Conflicting Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Q Directly Certified _____ Q Inter-Personal _____



Income Applications

Practice: Smith Application

Is the Smith Application Complete?

In order to determine if the Smith application is complete, highlight all the required fields on the handout, *Smith Application*:

- Highlight the names of the children and adult household members.
- Highlight the box, *Total Household Members*.
- Confirm this number reported in *Total Household Members* matches the number of household members listed.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

Smith Application

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	Child's Last Name	School Name	Homework, Night, or Summer
Eric	Smith		<input type="checkbox"/>
Anna	Smith		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO -> Complete STEP 3. If you answered YES -> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child's Name	GROSS Income	How often?
John Smith	\$ 200	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>
Emma Smith	\$ 000	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's Name	GROSS Income	How often?	Public Assistance/Child Support/Alimony	How often?	Pensions/Retirement/All Other Income	How often?
John Smith	\$ 000	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>	\$ 000	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>	\$ 000	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>
Emma Smith	\$ 000	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>	\$ 000	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>	\$ 000	Weekly <input checked="" type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/>

C. Total Household Members ☒ (Children and Adults) **4** Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X 8 1 4 2 Check if no SSN ☐

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: Emma Smith Date: 09/1/16

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free ☒ Reduced ☐ Denied ☐
Determining Official's Signature: _____ Date: _____

Q Case # Application Q Foster Application
Q Income Application
Household Size: _____ Total Income: _____ Per: Q Week Q Bi-Weekly (Every 2 Weeks) Q 2x Month Q Monthly Q Annual

Q Selected For Verification
Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____

Two children and two adults have been listed. The household reported 4 in the box *Total Household Members*. This number matches the number of names listed on the application.

Continue

Income Applications

Practice: Smith Application

Is the Smith Application Complete?

- Highlight the reported last four digits of their SSN or an indication that the household member does not have a SSN.
- Highlight the signature of an adult household member and confirm this member is listed as a household member.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in foster care and children who meet the definition of Runaways, Migrant or Runaway are eligible for free meals.

Child's First Name: Emma, MI: , Child's Last Name: Smith, School Name: , Foster Care: ☐ , Runaway: ☐

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income: Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself): List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

C. Total Household Members (Children and Adults): ☒ Last Four Digits of Social Security Number (SSN) or Primary Wage Earner or Other Adult Household Member: ☒ X X X X 8 1 4 2 Check if no SSN ☐

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature: Emma Smith, Date: 9/1/16

Printed name of adult completing the form: , Daytime Phone and Email (optional): , State: , Zip: , Street Address (if available): , Apt #: , City: , State: , Zip: ,

OFFICE USE ONLY

Eligibility: Free ☐ Reduced ☐ Denied ☐ Determining Official's Signature: , Date: ,

Case # Application: ☐ Foster Application ☐ Income Application ☐ Household Size: , Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual ☐ Total Income: ,

Selected For Verification: ☐ Confirming Official's Signature: , Date: , Follow-Up Official's Signature: , Date: ,

Last four digits of the social security number are listed.

Emma Smith, has signed the application. She is also listed above as a household member.

Continue

Income Applications

1. Determine if the Application is Complete.


2. Calculate Income Levels.

3. Use Income Eligibility Guidelines to Determine Meal Benefits.

4. Sign and Date as Determining Official.

Review: Determine if the Application is Complete

- We have reviewed what information must be completed on the application if the household is applying based on income and household size.
- We have determined the Smith application *is* complete: all household members are listed and match the reported total household members, income and frequency are listed, the last four digits of the SSN are reported, and a household member has signed the application.
- We can now ***calculate income levels*** to determine if the Smith's household income qualifies for free or reduced-price meal benefits.



Calculate
Income Levels

Income Level Frequencies

In STEP 3 of the application, households are able to enter in their **gross income** (amount before taxes and deductions) and indicate how often they receive that amount by filling in the bubbles:

- Weekly
- Bi-Weekly
- 2x Month
- Monthly

STEP 3	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)																
<p>Are you unsure what income to include here?</p> <p>Flip to the back of this application and review the charts titled "Sources of Income" for more information.</p> <p>The "Sources of Income for Children" chart will help you with the Child Income Section.</p> <p>The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>A. Child Income</p> <p>Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p style="text-align: center;">How often?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Weekly</th> <th style="width: 25%;">Bi-Weekly</th> <th style="width: 25%;">2x Month</th> <th style="width: 25%;">Monthly</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> </tbody> </table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p>B. All Adult Household Members (including yourself)</p> <p>List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p style="text-align: center;">How often?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Weekly</th> <th style="width: 25%;">Bi-Weekly</th> <th style="width: 25%;">2x Month</th> <th style="width: 25%;">Monthly</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> </tbody> </table> </div> </div>	Weekly	Bi-Weekly	2x Month	Monthly	○	○	○	○	Weekly	Bi-Weekly	2x Month	Monthly	○	○	○	○
Weekly	Bi-Weekly	2x Month	Monthly														
○	○	○	○														
Weekly	Bi-Weekly	2x Month	Monthly														
○	○	○	○														

Income Applications

Calculating Income Levels

- In order to determine if a household is eligible for free or reduced-price meal benefits, the determining official must calculate the *total* income the household makes.
- This is done by reviewing the income reported by the household and calculating one total income for the application.
 - *For example, if one member reported \$100 weekly, and another member reported \$200 weekly, the total income for the household would be \$300 weekly.*
- Once the total income is calculated, determining officials are able to compare the total income with a chart listing income guidelines to determine if the household's income qualifies for meal benefits.

Income Applications

Calculating Income Levels

- If a household lists the **same income frequency**, you will add together all income levels provided.
 - *For example, if one member reported \$100 weekly, and another member reported \$200 weekly, the total income for the household would be \$300 weekly.*
- If a household lists **multiple income frequencies**, like the Smith application, LEAs are instructed to convert all frequencies to *annual* income before adding them together.
 - *For example, by looking at the Smith application we can see John Smith reported weekly and Emma Smith reported bi-weekly.*

Income Applications

Calculating *Different* Income Frequencies

Households may have income from different sources which are paid on different schedules. For example, the household may receive paychecks on a weekly basis and child support on a monthly basis.

- If there are multiple income sources with more than one frequency, the LEA must convert all income frequency to an annual amount by multiplying:
 - Weekly income by 52
 - Bi-weekly income (received every two weeks) by 26
 - Twice per month income by 24
 - Monthly income by 12
- Do not round the values resulting from each conversion. Add together all of the un-rounded converted values. LEAs cannot use conversion factors to convert weekly income or convert bi-weekly income to monthly amounts.
- If an LEA uses software for certification purposes, the software cannot use conversion factors to automatically convert income unless there are different frequencies.

Smith
Application

What is the total income for the Smith application?

On the application, find the income and frequency reported for the children and for each adult.

Combined
children income
and frequency.

All adult income
and frequency.

STEP 3

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

How often?

Child GROSS income	Weekly	Bi-Weekly	2x Month	Monthly
\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
John Smith	\$ 2 0 0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 5 0 0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emma Smith	\$ 5 0 0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- The children have no listed income.
- The adults:
 - John Smith entered \$200 weekly and \$500 weekly.
 - Emma Smith entered \$500 bi-weekly.

Since the incomes are different frequencies (weekly and bi-weekly) we need to convert John Smith and Emma Smith's income to an *annual* amount.

Calculation

Income
Applications
Practice: Smith
Application

What is the total income for the Smith application?

Let's convert each household's member to annual income.

If family reports income sources from more than one schedule
Example: alimony = \$100-month & pension = \$300-week
Income **MUST** be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

DO NOT round the values resulting from each conversion

John Smith earns \$200 weekly and \$500 weekly, (=\$700 weekly).

In order to convert weekly income into yearly income, we need to multiply the weekly income by 52.

$$\$700 \times 52 = \$36,400$$

Emma Smith earns \$500 bi-weekly

In order to convert bi-weekly income into yearly income, we need to multiply the bi-weekly income by 26.

$$\$500 \times 26 = \$13,000$$

We can now add together John and Emma Smith's yearly income.

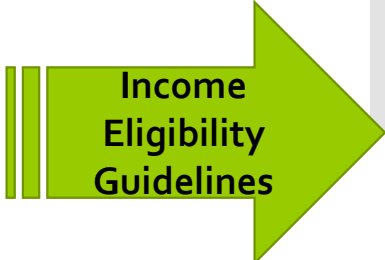
$$\$36,400 + \$13,000 = \$49,400$$

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as Determining Official.

Review: Calculate Income Levels

- In this section we have reviewed how to calculate the total income listed on the household application if listed in the *same* income frequency or *different* income frequency.
- We have practiced calculating different income frequencies with the Smith's household income.
- We calculated the Smith household income to be \$49,400 annually. We can now ***use the Income Eligibility Guidelines to determine if the Smith household qualifies for any meal benefits.***



Income
Eligibility
Guidelines

Income Applications

Income Eligibility Guidelines to Determine Meal Benefits

In order to determine if the household is eligible for free or reduced meal benefits, we will use the *Income Eligibility Guidelines (IEGs)*.

- Please take out the handout titled Income Eligibility Guidelines.

(For School Determining Official's Use Only)
USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES
July 1, 2016- June 30, 2017

FREE						REDUCED					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week	Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,444	1,287	644	594	297	1	\$21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	2	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	3	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	4	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	5	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	6	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
Each Additional Member Add:	+5,408	+451	+226	+208	+104	Each Additional Member Add:	+7,696	+642	+321	+296	+148

Note:
If all income is received on the same schedule
Example: alimony = \$100-month & pension = \$300-month
DO NOT use conversion factors

If family reports income sources from more than one schedule
Example: alimony = \$100-month & pension = \$300-week
Income **MUST** be converted to yearly.
Yearly Income = Monthly x 12
Yearly Income = Twice Per Month x 24
Yearly Income = Every Two Weeks (Bi-Weekly) x 26
Yearly Income = Week x 52

DO NOT round the values resulting from each conversion

Updated March 2016

IEGs

Income Applications

Income Eligibility Guidelines (IEGs)

UDSA releases IEGs for each program year (July 1- June 30). This form can be accessed on the ADE Website, [Program Forms](#).

IEG's provide two tables; one for determining if a family qualifies for free meal benefits and another for reduced-price meal benefits.

- Each table has a set of income limits based on the size of the household and frequency of household income.
- If the total income calculated for the household based on its reported household size is less than the amount listed on the IEG table for FREE, the family qualifies for free meal benefits.
- If the income is too high on the FREE table, the determining official will want to compare the income and household size on the REDUCED table. If the income calculated is less than the amount listed on the IEG table for REDUCED, the household qualifies for reduced-price meal benefits.

**Smith
Application**

Using the Income Eligibility Guidelines

The Smith household application indicates 4 household members with total income of \$49,400 annually. Do they qualify for free or reduced-price meal benefits?

1. On the IEGs, determine the free income levels for a family size of 4 with income received per year. Income received annually must be less than (\$31,590) to qualify for free meals.
2. The family's income is above the free income guidelines. (\$49,400 is greater than \$31,590)
3. On the IEGs determine the reduced income levels for a family size of 4 with income received per year. Income received annually must be less than (\$44,955) to qualify for reduced-price meals.
4. The family's income of \$49,400 is greater than \$44,955. The family does not qualify for reduced-price meal benefits.
5. The family does not qualify for meal benefits.

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

July 1, 2016- June 30, 2017

FREE

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711

REDUCED

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012

Income Applications

1. Determine if the Application is Complete.
2. Calculate Income Levels.
3. Use Income Eligibility Guidelines to Determine Meal Benefits.
4. Sign and Date as Determining Official.

Review: Income Eligibility Guidelines

- Using the IEGs, we found that a household of 4 who earns \$49,400 per year is higher than the guideline listed for free and reduced-price meal benefits. The Smith household does not qualify for meal benefits.
- We can now **sign and date as determining official** on the application.



Sign and
Date

Income Applications Practice: Smith Application

Sign and Date as Determining Official

As the determining official, we will fill out the appropriate fields in the gray box titled *OFFICE USE ONLY*.

- On the first line *Eligibility*, we can mark the denied category.
- For *Determining Official's Signature*, you will sign the application.
- For *Date*, record today's date (this date should reflect when the application was processed).
- It is then recommended to identify the type of application, and the household size and income used with the IEGs.

OFFICE USE ONLY	
Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input checked="" type="checkbox"/>	<input type="checkbox"/> Directly Certified <input type="checkbox"/> Error-Prone
Determining Official's Signature: <u>Mona Randle</u>	Date: <u>9/5/16</u>
<input type="checkbox"/> Case # Application <input type="checkbox"/> Foster Application	
<input checked="" type="checkbox"/> Income Application	
Household Size: <u>4</u>	
Total Income: <u>\$49,400</u>	Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annual
<input type="checkbox"/> Selected For Verification	
Confirming Official's Signature: _____	Date: _____
Follow-Up Official's Signature: _____	Date: _____

Comprehension Check

How would you certify this income application?

- A. Free, based on income of \$500 per week, household of 3.
- B. Free, based on income of \$31,200 annually, household of 3.
- C. Reduced, based on income of \$600 per week, household of 3.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Homeless, Foster, Child Runaway?
Steph		Bar		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS Income: \$ 100

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?	Public Assistance/Child Support/Alimony	How often?	Pensions/Retirement/All Other Income	How often?
Use Bank	\$ 400	Weekly	\$	Weekly	\$	Weekly
Karen Bank	\$	Weekly	\$	Weekly	\$ 100	Weekly
	\$	Weekly	\$	Weekly	\$	Weekly
	\$	Weekly	\$	Weekly	\$	Weekly

C. Total Household Members 3 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member XXXX XXXX Check if no SSN ☐

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: Karen Bank Date: 09/22/16

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt. _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free ___ Reduced ___ Denied ___

Determining Official's Signature: _____ Date: _____

Case # Application: ☐ Foster Application ☐ Income Application ☐ Household Size: _____

Total income: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____



Comprehension Check

How would you certify this income application?

- A. Free, based on income of \$500 per week, household of 3.
- B. Free, based on income of \$31,200 annually, household of 3.
- C. **Reduced, based on income of \$600 per week, household of 3.**

(For School Determining Official's Use Only)

**USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES**
July 1, 2016- June 30, 2017

FREE						REDUCED					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week	Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,444	1,287	644	594	297	1	\$21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	2	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	3	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	4	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	5	52,614	4,385	2,193	2,024	1,012

The household's income is \$600 weekly; no conversion is needed since all frequencies were weekly. On the IEGs, income received weekly must be less than \$504 to qualify for free meals. The household's income of \$600 is higher than that, so they do not qualify for free meals. However, the household's income must be less than \$718 to qualify for reduced-price meals. The household's income of \$600 is less than \$718. The household qualifies for reduced-price meal benefits.



Comprehension Check

Based on this application, is this household application complete?

- A. No, income levels are not listed.
- B. No, total household members is incorrect.
- C. Yes, all required parts of the application are completed.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Homeless, Foster, Migrant, Runaway
Charlie		Goodwin		<input type="checkbox"/>
Eva		Goodwin		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No
If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3). Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
Jen Goodwin	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					

C. Total Household Members (Children and Adults) **3** Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **X X X X** Check if no SSN ☒

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: Mary Goodwin Today's date: 09/30/16

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt# _____ City _____ State _____ Zip _____

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Eligibility: Free _____ Reduced _____ Denied _____
Determining Official's Signature: _____ Date: _____
☐ Case # Application ☐ Foster Application
☐ Income Application
Household Size: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual
Total Income: _____
☐ Selected For Verification
Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____



Comprehension Check

Based on this application, is this household application complete?

- A. No, income levels are not listed.
- B. No, total household members is incorrect.
- C. Yes, all required parts of the application are completed.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Grade	Age	Sex	Birth Date
Charlie		Goodwin					
Eva		Goodwin					

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4. (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write "N" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	GROSS Earnings from Work	Public Assistance/ Child Support/Alimony	Pensions/Retirement/All Other Income
Jen Goodwin			

C. Total Household Members (Children and Adults) **3** Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **X X X X** Check if no SSN ☒

STEP 4 Adult information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and I agree that if I purposely give false information, my children may lose my income.

Signature of adult completing the form: Mary Goodwin Date: 4/6

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free _____ Reduced _____ Denied _____

Determining Official's Signature: _____ Date: _____

☒ Case # Application ☐ Foster Application

Household Size: _____ Total Income: _____ Per: ☒ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Mary Goodwin signed the application, however she is not listed above in STEP 3 and is not included in the reported total household members.



How to Process Case Number Applications

Case Number Applications

Steps for Processing a Case Number Application

#1	Determine if the case number application is complete (which includes a valid case number for Arizona).
#2	Assign free meal benefits for all enrolled students within the household, date and sign as determining official.

Case Number Applications

What is a Complete Case Number Application?

Households are instructed to complete STEP 1, STEP 2 and STEP 4 of the household application. *A complete case number application must provide:*

- names of all child household members;
- a case number from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR); and
- signature of an adult household member.



**Picture on
next slide**

Case Number Applications

Diagram of a Complete Case Number Application

- The different colored arrows below represent the information that the household needs to complete. The following slides will discuss the fields in more detail.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name MI Child's Last Name School Name

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO -> Complete STEP 3. If you answered YES -> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form Today's date

Printed name of adult completing the form Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY

Eligibility: Free Reduced Denied

Determining Official's Signature: Date:

Case # Application Foster Application

Income Application Household Size: Per: Weekly Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Total Income: \$

Selected For Verification Confirming Official's Signature: Date:

Follow-Up Official's Signature: Date:

All children listed in the household.

Valid SNAP, TANF or FDIPIR case number is listed.

Adult household member signature.

Continue

Case Number Applications

Valid Case Numbers in Arizona

- Only the case number assigned by the Assistance Program may be used to determine eligibility. *For example, the electronic benefit transfer (EBT) card number used by SNAP cannot be used to establish categorical eligibility.*
- The determining official must ensure that the Assistance Program case number listed on the application is valid in the state of Arizona. This is done by confirming the number of digits meet the criteria for Arizona assistance programs.
 - SNAP and TANF valid case numbers are 8 digits or less.
 - FDPIR case numbers are valid based on the Indian Tribal Organization.

Indian Tribal Organization	Case Number Format
White Mountain Apache Tribe, Navajo Nation, Tohono O'odham Nation, Quechan Indian Tribe, San Carlos Apache Tribe	Head of Household's Social Security Number (SSN)
Colorado River Indian Tribes	5 digits (preceding zero plus a number from a 1-2000) (ex. 01985)
Gila River Indian Community	A letter plus a number 1-7 plus the last four numbers of the Head of Household's SSN – (ex. D61234)

**Hampton
Application**

Case Number
Applications
Practice:
Hampton
Application

Is the Hampton Application Complete?

Together, we will determine if the Hampton household application is complete. If you have not yet done so, please print the [Hampton Application](#).

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

Hampton Application

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name
Drew
Brett

MI
H
H

Child's Last Name
Hampton
Hampton

School Name

Foster Care
Homeless, Migrant, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No
If you answered NO -> Complete STEP 3. If you answered YES -> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: 856210
Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?
Flip to the back of this application and review the charts titled "Sources of Income" for more information.
The "Sources of Income for Children" chart will help you with the Child Income Section.
The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.
Child GROSS income \$
How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last) GROSS Earnings from Work Public Assistance/Child Support/Alimony Pensions/Retirement/All Other Income
How often? Weekly Bi-Weekly 2x Month Monthly How often? Weekly Bi-Weekly 2x Month Monthly How often? Weekly Bi-Weekly 2x Month Monthly

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member
Check if no SSN

STEP 4 Contact information and adult signature
I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.
Signature of adult completing the form Today's date
Printed name of adult completing the form Daytime Phone and Email (optional)
Street Address (if available) Apt# City State Zip

OFFICE USE ONLY
Eligibility: Free ___ Reduced ___ Denied ___
Determining Official's Signature: Date:
Case # Application Foster Application
Income Application
Household Size:
Total Income: Per: Weekly Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual
Selected For Verification
Confirming Official's Signature: Date:
Follow-Up Official's Signature: Date:

Continue

Case Number Applications

Practice: Hampton Application

Is the Hampton Application Complete?

In order to determine if the Hampton application is complete, highlight all the required fields on the handout, *Hampton Application*:

- Highlight the names of the children.
- Highlight the case number listed and confirm it is a valid case number by ensuring it is 8 digits or less (for SNAP or TANF) or matches the format for FDPIR case number.
- Highlight the signature of an adult household member.

All children listed in the household.

Adult household member signature.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Household Member?
Drew		Hampton		<input type="checkbox"/>
Griffin		Hampton		<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: **866210**

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	GROSS Earnings from Work	Public Assistance	Pensions/Retirement
	Weekly Monthly	Weekly Monthly	Weekly Monthly

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may not receive benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: *Josh Hampton* Date: *08/10/16*

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free _____ Reduced _____ Denied _____ Date: _____

Determining Official's Signature: _____

Case # Application _____ Income Application _____ Household Size: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

Total Income: _____

☐ Selected for Verification

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Listed 866210; which is less than 8 digits. This would be a valid case number in Arizona.

Continue

*Case Number
Applications
Practice:
Hampton
Application*

Review: Determine if the Application is Complete

- Yes, the application contains all required information and is complete. The household circled yes to participating in an assistance program and listed a SNAP/TANF case number that is 8 digits or less. (The application is still complete even if the household does not circle yes or no).
- Household's that report a valid case number are categorically eligible for free meals. Reminder, you are not to verify if the case number is an active case number; you must simply confirm that the number reported is consistent with the format used by the assistance program in Arizona.
- We can now **sign and date as determining official** on the application.



Case Number Applications

Practice: Hampton Application

Sign and Date as Determining Official

As the determining official, we will fill out the appropriate fields in the gray box titled *OFFICE USE ONLY*.

- The first line *Eligibility*, we can mark the free category.
- For *Determining Official's Signature*, you will sign the application.
- For *Date*, record today's date (this date should reflect when the application was processed).
- It is then recommended to identify the type of application, which is a Case # Application.

OFFICE USE ONLY	
Eligibility: Free <input checked="" type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Directly Certified <input type="checkbox"/> Error-Prone
Determining Official's Signature: <u>Mona Randle</u>	Date: <u>9/25/15</u>
<input checked="" type="checkbox"/> Case # Application <input type="checkbox"/> Foster Application	
<input type="checkbox"/> Income Application	
Household Size: _____	
Total Income: _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> BI-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
<input type="checkbox"/> Selected For Verification	
Confirming Official's Signature: _____	Date: _____
Follow-Up Official's Signature: _____	Date: _____

Comprehension Check

How would you certify this application?

- A. Paid, incomplete application. Social security number is not listed.
- B. Free, case number application is complete.
- C. Paid, incomplete application. The case number listed is invalid.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name: Charlie Madison Kenn MI: ☐ ☐ ☐ Child's Last Name: Porter Porter Porter School Name: Homeless, Migrant, Runaway: ☐ ☐ ☐ ☐ ☐ ☐ Check if the apply: ☐ ☐ ☐ ☐ ☐ ☐

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: A1152362489 Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip to the back of this application and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income Section. The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS Income: \$ How often? Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐

B. All Adult Household Members (including yourself) List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last) GROSS Earnings from Work Public Assistance/Child Support/Alimony Pensions/Retirement/All Other Income

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN ☒

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: Elaine Porter Today's date: 09/10/16

Printed name of adult completing the form: Daytime Phone and Email (optional):

Street Address (if available): Apt # City State Zip

OFFICE USE ONLY Eligibility: Free ☐ Reduced ☐ Denied ☐ Directly Certified ☐ Error-Prone

Determining Official's Signature: Date:

Case # Application: ☐ Foster Application ☐ Income Application ☐ Household Size: Total Income: Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

Selected For Verification: ☐ Confirming Official's Signature: Date: Follow-Up Official's Signature: Date:



How would you certify this application?

- A. Paid, incomplete application. Social security number is not listed.
- B. Free, case number application is complete.
- C. **Paid, incomplete application. The case number listed is invalid.**

A valid SNAP/TANF case number in Arizona is 8-digits or less or matches one of the FDPIR case number formats. This number looks similar to an AHCCCS (Arizona Health Care Cost Containment System) case number. Households cannot qualify for free meals by providing their AHCCCS number. Note, a social security number is not required to be listed on a case number application.



2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name
Charl i e		Port e r	
Madi s on		Port e r	
Kenn y		Port e r	

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in foster care and children who meet the definition of homeless, migrant or runaway are eligible for free meals.

Check all that apply:
☐ Born in U.S.
☐ Foreign born, naturalized
☐ Foreign born, temporary lawful permanent resident
☐ Foreign born, conditional lawful permanent resident
☐ Foreign born, temporary lawful permanent resident
☐ Foreign born, conditional lawful permanent resident

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: **A1152362489**
Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all children. Household Members listed in STEP 1 here.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?								
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly					
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?								
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly					
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN ☐

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form: Elaine Porter Today's date: 09/10/16

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt# _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free _____ Reduced _____ Denied _____
 Determining Official's Signature: _____ Date: _____
☐ Case # Application ☐ Foster Application
☐ Income Application
 Household Size: _____
 Total Income: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual
☐ Selected for Verification
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____

☐ Directly Certified
☐ Error-Prone

How to Process Foster Applications

Foster Applications

Steps for Processing a Foster Application

#1	Determine if the foster application is complete.
#2	Assign free meal benefits for the identified foster child within the household, date and sign as determining official.

Foster Applications

What is a Complete Foster Application?

Households are instructed to complete STEP 1 and STEP 4 of the household application. *A complete foster application must provide:*

- Name(s) of the foster child;
- Indication of the child's foster care status; and
- Signature of an adult household member.



**Picture on
next slide**

Diagram of a Complete Foster Application

- All children listed
in the household.

Adult household
member signature.

Box, *Foster Child*, is checked off on the application to identify the child's foster status.

Densen/Montez Application

Densen/Montez

Together, we will determine if the Densen/Montez household application is complete. If you have not yet done so, please print the [Densen/Montez Application](#).

[illegible]

Densen/ Montez Application

Foster Applications

Practice: Densen/Montez

Is the Densen/Montez Application Complete?

In order to determine if the Densen/Montez Application is complete, highlight all the required fields on the application:

- Highlight the names of the children.
- Highlight the check mark on the *Foster Child* box.
- Highlight the signature of an adult household member.

All children listed in the household.

Adult household member signature.

2016-2017 Application for Free and Reduced Price School Meals **Densen/Montez Application**
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Foster Child?
Jodi		Densen		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No
If you answered NO -> Complete STEP 3. If you answered YES -> Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.
Child GROSS income: \$ _____ How often? ☐ Weekly ☐ Bi-weekly ☐ 2x Month ☐ Monthly

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly
	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly
	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly	\$ _____ How often? <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly

C. Total Household Members ☐ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X X X X X Check if no SSN ☐

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: Marissa Montez Today's date: 08/10/16

Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____

Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free ___ Reduced ___ Denied ___
Determining Official's Signature: _____ Date: _____
☐ Case # Application ☐ Foster Application
☐ Income Application
Household Size: _____ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual
Total Income: _____
☐ Selected For Verification
Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____

Marked Foster

Continue

*Foster
Applications
Practice:
Densen/Montez*

Review: Determine if the application is Complete

- The application contains all required information and is complete. The household listed the name of the foster child; checked off the box, *Foster Child*, and an adult household member signed the application.
- A foster child is categorically eligible for free meals. The child's status for free meals does not require confirmation of Foster status prior to receiving benefits.
- The free meal benefits of a foster child do not extend to other household members. This How-To-Guide will review how to document if other household members are also listed on the application starting on slide 76.
- We can now **sign and date as determining official** on the application.



*Foster
Applications
Practice:
Densen/Montez*

Sign and Date as Determining Official

As the determining official, we will fill out the appropriate fields in the gray box titled *OFFICE USE ONLY*.

- The first line *Eligibility*, we can mark the free category.
- For *Determining Official's Signature*, you will sign the application.
- For *Date*, record today's date (this date should reflect when the application was processed).
- It is then recommended to identify the type of application, which is a Foster Application.

OFFICE USE ONLY	
Eligibility: Free <input checked="" type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Directly Certified <input type="checkbox"/> Error-Prone
Determining Official's Signature: <u>Mona Randle</u>	Date: <u>8/15/16</u>
<input type="checkbox"/> Case # Application <input checked="" type="checkbox"/> Foster Application	
<input type="checkbox"/> Income Application	
Household Size: _____	
Total Income: _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
<input type="checkbox"/> Selected For Verification	
Confirming Official's Signature: _____	Date: _____
Follow-Up Official's Signature: _____	Date: _____

How to Process Homeless/Migrant/Runaway Applications

Homeless/ Migrant/ Runaway Applications

When an LEA receives an application with Homeless, Migrant or Runaway indicated, the determining official must confirm eligibility for each child, prior to providing benefits.

1. An appropriate program official or homeless liaison must confirm a child's status, either through direct contact with the agency or by a list of names provided by the agency.
2. Once the appropriate official confirms a child's homeless, migrant and/or runaway status, the child will be provided free meal benefits.
3. Attach the application with the documentation provided by the liaison.

2016-2017 Application for Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

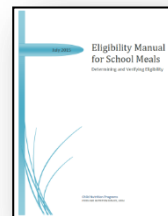
Child's First Name	MI	Child's Last Name	School Name	Homeless, Migrant, Runaway
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Check all that apply

Homeless/ Migrant/ Runaway Applications

Acceptable Documentation for Homeless, Migrant, and Runaway

- Migrant:
 - LEAs should work directly with Migrant Education Program (MEP) officials or their homeless liaison to identify migrant children and to document their eligibility for free meal benefits. Acceptable documentation for MEP enrollment is a dated list with each child's name, and the signature of the MEP official or local educational liaison, or a letter from a MEP official or local educational liaison provided by a household, which confirms that a child currently meets the definition of migrant.
- Runaway:
 - Acceptable documentation is obtained from the LEA homeless liaison or officials of shelters where the child resides. A letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison, or other designated official confirms that a child meets the definition of a runaway.
- Homeless:
 - Acceptable documentation is obtained from the LEA homeless liaison or officials of homeless shelters where the child resides. It consists of a letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison or other designated officials.



Guidance on Homeless, Migrant and Runaway is available in the USDA Eligibility Manual for School Meals pg. 40.

Comprehension Check

If you received an application with only a child's name, box *Homeless, Migrant, Runaway* checked off and an adult signature, what should be your next step?

- A. Certify the application as free.
- B. Do not grant meal benefits yet. Contact the Homeless, Migrant and/or Homeless liaison to confirm child's status.
- C. Certify the application as reduced.



Comprehension Check

If you received an application with only a child's name, box *Homeless, Migrant, Runaway* checked off and an adult signature, what should be your next step?

- A. Certify the application as free.
- B. Do not grant meal benefits yet. Contact the Homeless, Migrant and/or Homeless liaison to confirm child's status.**
- C. Certify the application as reduced.

Applications that have been checked off Homeless, Migrant, Runaway must be confirmed by the program's liaison. Until you have received confirmation, the child cannot be certified as free due to Homeless, Migrant, or Runaway status.



Processing Applications with Multiple Types of Eligibility

Processing Applications with Multiple Types of Eligibility

Processing Applications with Multiple Types of Eligibility

LEAs may receive applications where some children are eligible for free meal benefits based on the child's status of Foster, Homeless, Migrant, and/or Runaway. However, that eligibility does not extend to other children in the household. This type of eligibility is referred to as **Other Source Categorical Eligibility**.

The LEA must have a method to process different eligibility statuses that may result from an application that contain a Foster, Homeless, Migrant and/or Runaway child along with other students.



Processing Applications with Multiple Types of Eligibility

Processing Applications with Multiple Types of Eligibility

If an LEA receives an application with multiple types of eligibility, LEAs are instructed to follow the steps below:

1. The LEA will determine the Other Source Categorical Eligibility for the appropriate children using the guidance provided in this guide.
2. The LEA will then determine the eligibility for the remaining children listed on the application by either case number or household's income and size (which includes the Other Source Categorically Eligible children).

Other Source Categorically Eligible children will receive free benefits, even if the other children listed on the application are determined ineligible or eligible for reduced-price benefits.

The LEA cannot require a separate application for each child in the same household or multiple applications from a mixed household that includes children who are Other Source Categorically Eligible and others who apply based on household income.

Processing Denied Applications

Denied Applications

Denied Applications

- If a household provides an incomplete application or does not meet the eligibility criteria for free or reduced-priced meal benefits, the application must be denied. Households with children who are denied benefits must be provided with written notification of the denial.
- Determining officials must record the eligibility determination and notification in an easily referenced format that includes the following:
 - denial date;
 - reason for denial;
 - date the denial notice was sent; and
 - signature or initials of the determining official (may be electronic, where applicable).

Summary of Meal Benefits

Summary of Meal Benefits

Application Type	Meal Benefits	
Income	Free, reduced or paid	Eligibility determined by income and household size is provided to all enrolled students.
Case Number	Free	Free eligibility determined by case number is provided to all enrolled students.
Foster	Free	Free eligibility determined by foster status is only provided to the child self-reported as foster. Note, foster status does not need to be confirmed by a liaison.
Homeless/Migrant/Runaway	Free	Free eligibility determined by Homeless/Migrant/Runaway is only provided to the child identified as Homeless/Migrant/Runaway when confirmed by liaison.

Applications that are incomplete are considered paid until required information is obtained from the household. Please refer back to slides 16 and 17 of this How-To-Guide for more information.

Technical Assistance

If you have any questions about certifying students for meal benefits, use:

- The Eligibility Manual for School Meals and the various other How To Guides at:
http://www.azed.gov/health_nutrition/nslp/programguidance/

For other questions about the processing household applications, please contact your School Nutrition Program Specialist.

End of Training

Congratulations!

You have completed the ***How to Process Household Applications***. To request a Certificate, please go to the next slide.

In order to count this training towards your Professional Standards training hours, the training content must align with your job duties.

- Information to include when documenting this training for Professional Standards:
 - Training Title: ***Step by Step Instruction: How to Process Household Applications***
 - Learning Code: 3110
 - Key Area: 3000-Administration
 - Length: 1.5 hours
- *Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.*



Request a
Certificate

End of Training

Requesting a Training Certificate

Please click on the link below to complete a brief survey about this training. Once the survey is complete, ADE will create a certificate of completion and email it to you within 10 business days.

<https://www.surveymonkey.com/r/OnlineHowToGuides>

The information below is for your reference when completing the survey.

Training Title: ***Step by Step Instruction: How to Process Household Applications***

Professional Standards Learning Code: **3100**

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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